

YOUTH ATHLETIC CARD



PLEASE CHECK ONE: (WILL NOT BE ACCEPTED WITHOUT AGE VERIFICATION)

☐ Roster Addition

☐ Player's Release

Age Verification: ☐ Birth Certificate ☐ Health Dept ☐ Shot Record
Other _____

Team Name: _____ Division of Play _____

Player's Name: _____
First Middle Last

Birth Date: ____/____/____ School: _____

Address: _____
Street City State Zip

Telephone: _____

Manager's Signature: _____

Zone Stamp

Date Received

YOUTH ATHLETIC RECEIPT CARD

Player's Last Name

Team Name

Division of Play

☐ Roster Addition
☐ Birth Certificate
☐ Health Department
☐ Shot Record
☐ Other

Player's Release

ZONE STAMP

DATE RECEIVED

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